

Information from the Texas Department of Criminal Justice (TDCJ)

HIV and HCV testing at TDCJ facilities is voluntary, and is offered at intake and also available to offenders during their residence. The following information is a summary of HIV and Hepatitis testing information from all TDCJ units throughout the state. It should be noted that this information does not include information from local or county jails. This also includes information from state jails and from TDCJ operated drug treatment facilities.

HIV Morbidity

- The number of offenders testing for HIV has increased steadily since 2001, from approximately 52,000 in 2001 to nearly 68,000 in 2004 (Table 1).
- The number of HIV positives identified has varied each year shown, between 618 and 714 cases identified each year (Table 1).
- The HIV positivity rate has declined since 2001 from 1.3 to 0.9 positives / 100 tests each (Table 1).

Table 1. Number of offenders tested for HIV, testing HIV positive, and number of positives / 100 tests (positivity rate).

	Testing	Positive	Positivity Rate
2000	57,194	714	1.2
2001	51,904	652	1.3
2002	56,626	703	1.2
2003	64,885	656	1.0
2004	67,677	618	0.9

* Positivity rate is the number of HIV positives / 100 valid tests

- There were approximately 150,000 offenders in the TDCJ system in 2004, and just over 2,400 of these offenders were HIV positive (Table 2).
- The prevalence for offenders, 1,613 positives / 100,000 offenders (Table 2) is nearly seven times the overall prevalence for Texas (Appendix Table III.2).

Table 2. Number of offenders, HIV positive offenders, and positivity rate of the TDCJ population in 2004.

Average number of offenders each month in 2004	149,120
Average number of HIV positive offenders each month in 2004	2,405
Positives / 100,000 offenders	1,613.0

- Between 87 and 112 HIV positive offenders were released from TDCJ facilities each month in 2004 (Table 3).

Table 3. Number of HIV positive offenders released per month in 2004.

Jan	128	July	118
Feb	89	Aug	113
Mar	128	Sept	87
Apr	112	Oct	112
May	98	Nov	87
June	112	Dec	123

- Nearly 45% of offenders were tested to confirm a previously identified HIV positive status in order to receive services (Table 4).
- Approximately 40% of HIV positive offenders tested because they had engaged in high-risk behaviors (Table 4).

Table 4. Reason provided for testing by HIV positive offenders.

	Number	Proportion
High Risk	934	38.8
Symptomatic	74	3.1
Previously known positive	1,059	44.0
Other	156	6.5
Not available	182	7.6
Total	2,405	100

- Over 60% of HIV positive offenders in 2004 were Black (Table 5).
- Half of the HIV positive offenders in 2004 were between 30 and 39 years old, and another 36% were between 40 and 49 years old (Table 5).

Table 5. Race and ethnic by age group profile of HIV positive offenders in 2004.

	White	Black	Hispanic	All Others	Total
< 19	3	5	0	0	8
20 - 29	72	173	54	0	299
30 - 39	292	599	133	1	1,025
40 - 49	195	590	76	1	862
50+	41	154	15	1	211
Total	603	1,521	278	3	2,405

- Nearly 70% of HIV positive offenders in 2004 were IDU, and another 23% were M/MS/IDU (Table 6).

Table 6. Number and proportion of HIV positive offenders by behavioral category.

	Number	Proportion
M/MS/IDU	562	23.4
M/MS	166	6.9
IDU	1,675	69.6
Other	2	0.1

- Between 30 and 60 HIV positive offenders have died each year between 2000 and 2004 (Table 7).
- The overwhelming majority of HIV positive offender deaths were in men (Table 7).

Table 7. Number of HIV positive offender deaths by sex.

	Men	Women	Total
2000	55	3	58
2001	31	1	32
2002	41	3	44
2003	34	4	38
2004	32	5	37

- Approximately 38% of HIV positive offenders are from Harris County (Table 8).
- Just under 20% of HIV positive offenders are from Dallas County, and another 6% are from Tarrant County (Table 8).

Table 8. Number and proportion of HIV positive offenders by county of residence*.

	Number	Proportion
Harris	912	37.9
Dallas	439	18.3
Tarrant	155	6.4
Travis	109	4.6
Bexas	119	4.9
All other counties	671	27.9
Total	2,405	100

*County of residence at time of arrest and county offender will be released to after completion of sentence.

Hepatitis Morbidity at TDCJ Facilities

- Nearly 5,700 offenders in 2004 have tested positive for HCV antibodies (Table 9). Note that this does not mean that all of these offenders have acute infections, nor does it identify which individuals will develop complications due to HCV infections.
- Approximately 85% of HCV positive offenders were men (Table 9).
- Forty percent of HCV positive offenders in 2004 were between the ages of 35 and 44 and another one-third were ages 45 to 54 (Table 9).
- Approximately 47% of HCV positive offenders were White (Table 9). Blacks and Hispanics made up 25% of HCV positive offenders, each.

Table 9. Hepatitis C positive offenders in 2004 by race and ethnic category and age group.

	White		Black		Hispanic		Other		Total	
	men	women	men	women	men	women	men	women	men	women
15 - 24 yrs	99	31	19	4	99	18	0	0	217	53
25 - 34 yrs	418	133	41	19	311	42	2	1	772	195
35 - 44 yrs	882	264	421	95	558	69	5	0	1,866	428
45 - 54 yrs	640	100	651	82	331	22	2	1	1,624	205
55 - 64 yrs	78	7	130	12	53	0	0	0	261	19
65 - 74 yrs	5	0	9	0	6	0	0	0	20	0
75 & Over	1	0	0	0	1	0	0	0	2	0
Total	2,123	535	1,271	212	1,359	151	9	2	4,762	900
Total HCV in 2004									5,662	

- Only 1 or 2 Hepatitis A cases and less than 10 acute Hepatitis B cases were identified each year since 2001 (Table 10).

Table 10. Acute Hepatitis A and B cases reported.

	Hep A	Hep B*
2000	0	4
2001	2	4
2002	2	9
2003	2	8
2004	1	8

*In addition, there were 172 Hepatitis B positive lab reported (acute and chronic cases) in 2004.

Discharge Planning for HIV Positive Offenders

Rationale for discharge planning:

- **MEDICAL:** To increase long term effectiveness of HIV treatment and minimize risk of developing drug-resistant HIV by ensuring continuity of medical care. (as of 2002, 65% of HIV positive offenders were on ART).
- **PREVENTION:** To help prevent transmission to sex and needle sharing partners of soon to be released offenders.
- **SUCCESSFUL RE-ENTRY:** To help reduce recidivism by linking HIV infected offenders to appropriate medical and psychosocial services via CBO/ASO.

Discharge planning begins 90 days prior to the individual's projected release date. Planning requires collaboration with a HIV/AIDS service provider in the area where the offender is being released. Discharge planning is documented on form HSM-103.

Key components of discharge planning include:

- **List of area specific HIV/AIDS services provided to offender:** The Office of Preventive Medicine will provide this information to the units housing the offender. The CID nurse is to provide this information to the offender. This is the initial discharge planning activity.
- **Authorization for release of medical information signed:** The form is to be completed once the "Free World" AIDS Service Organization/Medical Provider is identified and the name of the organization must be placed on the form, i.e., the records must be released to a specific entity.
- **Texas HIV Medication Program application completed (if applicable) and signed by provider:** This application is to be completed by the unit medical staff. and forward the complete application to the Texas Department of State Health Services (DSHS). It is imperative to complete this application and mail it to DSHS before the 30th day of projected discharge to ensure that the offender's medications are not discontinued.
- **Upon release: HIV test result, CD4 count, RNA quantitative, Medication Pass provided to offender:** This section is to be completed by the unit medical staff. The offender is to be provided with their last set of laboratory results, e.g., most recent viral load, CD4 count and a copy of their HIV test result. In addition, the offender is to be given a print out of their current meds and a ten-day supply of their current meds, as provided by the TDCJ pharmacy.
- **Appointment set with AIDS Service Organization/Medical provider:** This section/application is to be completed by whomever makes the appointment, or obtains the information from an offender who has contacted an ASO and set an appointment. Name of ASO/Medical provider, Address, Phone, Appointment Date is to be completed at the time the appointment is set. **An appointment should be made within 30 days of the projected release data.**

Information on HIV/STD/Hepatitis Education Available to Offenders

AIDS Foundation Houston (AFH) is implementing the ***Prison Health Initiative***. This peer-based HIV/AIDS, Sexually Transmitted Disease, Tuberculosis, and Hepatitis education program is in collaboration with the Texas Department of Criminal Justice (TDCJ) and the University of Texas Medical Branch-Galveston (UTMB). The initiative includes the following components: **HIV Peer Education Program**, approved by Texas Department of Criminal Justice for statewide implementation in 1999, is an HIV/STD peer education program that provides comprehensive training-of-trainers to offenders currently within 22 state prison institutions throughout Texas. Selected offenders receive forty hours of training on health information, cultural competency, and behavior change. These peer educators return to their units and present the health information to their fellow inmates enabling them to make informed decisions about their behavior in prison and beyond. In many cases the classes are mandatory for the other prisoners. Throughout their facilities, the educators are seen as health experts. **Project Wall Talk** is an innovative model providing peer education training to incarcerated, mostly minority peer educators in prisons and state jails. Wall Talk is a collaborative effort between AFH, Center for Health Training, Management Assistance Corporation, and Sage Associates in conjunction with community-based agencies throughout the state and region. *Project Wall Talk* is one of four federally funded Peer Education Training Sites (PETS) in the nation and the only one that serves incarcerated populations. In the first year alone, AFH provided advanced training for 165 current peer educators within Texas Department of Criminal Justice (TDCJ), 160 new peer educators in 18 targeted TDCJ units, and 20 community-based peer educators from 10 agencies in four major metropolitan areas throughout the state. The groundbreaking “State Offender Conference for TDCJ Peer Health Educators” on July 16 – 18, 2002, brought together AFH, TDCJ, Texas Department of Health, Center for Disease Control and Prevention, University of Texas Medical Branch (UTMB), community based organizations and offender peer health educators from TDCJ units around the state. The conference provided female and male offender peer health educators with updated information on HIV, STDs, hepatitis, tuberculosis and other infectious diseases, as well as small workshop sessions designed to help refine their presentation skills. The prison conference is now an annual event within TDCJ.